WATER WELL RECORD Form WWC-5

■ Original Record ☐ Correction ☐ Change in Well Use

Division of Water Resources App. No. PN 007

Well ID

1 LOCATION OF WATER WELL: County: Pawnee

Fraction: ¼ NW ¼ SE ¼ NE ¼

Section Number: 33

Township Number: T 21 S

Range Number: R 16 ☐ E ■ W

2 WELL OWNER: Last Name: First:

Business: Bert & Wetta Larned Inc

Address: P O Box 130

Address:

City: Larned State: KS ZIP: 67550

Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here: ☐

1/4 East of Larned

3 LOCATE WELL WITH "X" IN SECTION BOX:

N

- - NW - -	- - NE - - X
- - SW - -	- - SE - -

W E

S

|----------1 mile---------|

4 DEPTH OF COMPLETED WELL: .....70..... ft.

Depth(s) Groundwater Encountered: 1) ..... ft.

2) ..... ft. 3) ..... ft., or 4) ☐ Dry Well

WELL'S STATIC WATER LEVEL: .....20..... ft.

■ below land surface, measured on (mo-day-yr)...12-13-19

☐ above land surface, measured on (mo-day-yr).....

Pump test data: Well water was ..... ft.

after..... hours pumping ..... gpm

Well water was ..... ft.

after..... hours pumping ..... gpm

Estimated Yield: ..1075...gpm

Bore Hole Diameter: ....30.... in. to .....70..... ft. and

..... in. to ..... ft.

5 Latitude: .....(decimal degrees)

Longitude: .....(decimal degrees)

Horizontal Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27

Source for Latitude/Longitude:

☐ GPS (unit make/model: .....)

(WAAS enabled? ☐ Yes ☐ No)

☐ Land Survey ☐ Topographic Map

☐ Online Mapper: .....

6 Elevation: .....ft. ☐ Ground Level ☐ TOC

Source: ☐ Land Survey ☐ GPS ☐ Topographic Map

☐ Other .....

7 WELL WATER TO BE USED AS:

1. Domestic:
   - ☐ Household
   - ☐ Lawn & Garden
   - ☐ Livestock
2. ■ Irrigation
3. ☐ Feedlot
4. ☐ Industrial
5. ☐ Public Water Supply: well ID .....
6. ☐ Dewatering: how many wells? .....
7. ☐ Aquifer Recharge: well ID .....
8. ☐ Monitoring: well ID .....
9. Environmental Remediation: well ID .....
   - ☐ Air Sparge ☐ Soil Vapor Extraction
   - ☐ Recovery ☐ Injection
10. ☐ Oil Field Water Supply: lease .....
11. Test Hole: well ID .....
    - ☐ Cased ☐ Uncased ☐ Geotechnical
12. Geothermal: how many bores? .....
    - a) Closed Loop ☐ Horizontal ☐ Vertical
    - b) Open Loop ☐ Surface Discharge ☐ Inj. of Water
13. ☐ Other (specify): .....

Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ■ No If yes, date sample was submitted: .....

Water well disinfected? ■ Yes ☐ No

8 TYPE OF CASING USED: ☐ Steel ■ PVC ☐ Other ..... CASING JOINTS: ■ Glued ☐ Clamped ☐ Welded ☐ Threaded

Casing diameter .....16..... in. to .....70..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.

Casing height above land surface .....18..... in. Weight .....Sch 40.... lbs./ft. Wall thickness or gauge No. .....

TYPE OF SCREEN OR PERFORATION MATERIAL:

☐ Steel ■ Stainless Steel ☐ Fiberglass ■ PVC ☐ Other (Specify) .....

☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

☐ Continuous Slot ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify) .....

☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ■ Saw Cut ☐ None (Open Hole)

SCREEN-PERFORATED INTERVALS: From ....70.... ft. to ....42.... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

GRAVEL PACK INTERVALS: From ....70.... ft. to ....20.... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ■ Bentonite ☐ Other .....

Grout Intervals: From ..... ft. to ..... ft., From ....20..... ft. to .....0..... ft., From ..... ft. to ..... ft.

Nearest source of possible contamination:

☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage

☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well

☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well

■ Other (Specify) ...None.....

Direction from well? ..... Distance from well? ..... ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	6	Top soil			
6	62	Sand & gravel- med			
62	67	Tan clay			
67	70	Sand & gravel			
			Notes:		

11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ■ constructed, ☐ reconstructed, or ☐ plugged under my jurisdiction and was completed on (mo-day-year) ...12-31-19..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ....134..... This Water Well Record was completed on (mo-day-year) ...1-28-2020..... under the business name of ...Rosencrantz-Bemis Ent Inc.....Signature ...Dora Arel.....

Mail 1 white copy along with a fee of $5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWTS Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524.

Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 **Revised 7/10/2015**